

the hazard of carotid ligation or of direct intracranial surgery during acute hæmorrhage. Other potential applications could include the infusion of tumour chemotherapeutic agents in high concentration to a localized area, fibrolytic agents into sites of thrombotic arterial occlusion, or sclerosing agents into the arterial origins of arteriovenous malformations to induce thrombosis therein.

Such an instrument would require extremely flexible material capable of being extruded to form thin-walled tubing of small diameter and with a high degree of inertness to blood to minimize the tendency to thrombosis during the 20 to 30 minutes that the tube would remain within an artery. It would have to be capable of sterilization without deterioration. The Dow Corning Center for Aid to Medical Research has been collaborating in the development of such an instrument from silastic, a material similar to that used in equipment for blood transfusion and oxygenation and in the manufacture of ventriculo-caval shunt valves, and tubes for the surgical treatment of hydrocephalus.

A "NEW" TREATMENT FOR TRICHOMONAS VAGINITIS

WE are often surprised by the propinquity of the patient with a new *Trichomonas* infection and the arrival by mail of a new remedial preparation for its treatment. These preparations all claim 90% effectiveness in that they harass, aggravate, eliminate, or even explode the parasite. These medications may be inserted, insufflated, or swallowed. They may be used with or without douches. Any combination of these suggestions appears possible. We usually fasten on to one or two methods which are satisfactory and rarely attempt a new medication unless samples are readily available.

Moore and Simpson (*Am. J. Obst. & Gynec.*, 68: 974, 1954) state emphatically that *Trichomonas* vaginitis is a psychosomatic symptom which occurs as a result of changes in the vaginal physiology which are produced by emotional stress.

No one will deny that many patients suffering from *Trichomonas* vaginitis will be cured permanently by one course of treatment. It matters little what preparation is used. Perhaps five to ten per cent of people are well while being treated but immediately after the cessation of treatment the infection appears to return with vehemence. Despite vaginal cultures, glucose tolerance tests and multivitamins the patient appears (or so it seems) to enjoy the consternation in the physician's expression when she states that the medicine gave no relief.

Moore and Simpson suggest that although local treatment may be necessary (one or two applications only), the patient should be informed that the symptoms are due to nervous tension. Frequently, marital problems or guilt feelings are prominent in their psychic background. Intensive psychotherapy is not used, but reassurance with mild sedation is recommended. Many patients do

appear to believe that this is a venereal disease (and it may be), but when they are reassured that it is not, they can be cured by any proprietary medication.

In summary, assuming that the diagnosis of recurrent *Trichomonas* vaginitis is correct, then sedation and superficial psychotherapy should be part of the physician's armamentarium. W.F.B.

SOYBEAN MILK AND THE PRODUCTION OF GOITRE

THREE children who developed goitre whilst being fed soybean milk are reported by Shepard *et al.*¹ in the *New England Journal of Medicine*. The first infant was placed on a soybean formula at three months of age, and at 11½ months the goitre subsided when cow's milk was substituted. Prior to the change to cow's milk the serum cholesterol was 100 mg. %, serum protein-bound iodine 3.4 µg. % and I¹³¹ uptake 88% in 24 hours. After the substitution of soybean by cow's milk the I¹³¹ uptake dropped to 38% and five months later the thyroid gland was not detectably enlarged.

The second infant developed a goitre after having been on soybean milk since birth. At three months of age the protein-bound iodine was 3.4 µg. % and the I¹³¹ uptake was 86% in four hours and 42% in 24 hours. After the infant had been on cow's milk plus fruit, vegetables and meat diet for one and a half months, the thyroid gland became normal in size and the I¹³¹ uptake dropped to 29% in four hours with a 24-hour value of 45%.

The third infant was seen at two years and nine months of age, having been on soybean milk since the age of three months because of eczema. It too showed an increased iodine uptake and a low serum cholesterol. When Lugol's solution was added to the daily diet, the goitre disappeared within 15 days. After eight weeks of iodide administration, the radioactive iodine uptake dropped to 36.5% after 24 hours.

Shepard *et al.* believe that the evidence which they present and the absence of iodide in soybean milk supports the iodide-lack type of goitre in these cases.

An editorial² in the same issue of the journal points to the dangers inherent in substitutes for breast feeding or for feedings of milk or its modifications. We are reminded by the editorial writer that cases of convulsions in infants due to pyridoxine deficiency, and some of megaloblastic anaemia due to ascorbic acid and folic acid deficiency, had previously been reported. He urges the use of the time-tested infant feeding regimens in which breast feeding is paramount. Simple cow's milk formulas seem to be the best substitute. W.G.

REFERENCES

1. SHEPARD, T. H. *et al.*: *New England J. Med.*, 262: 1099, 1960.
2. Editorial: *Ibid.*, 262: 1143, 1960.